group discussions about finding meaning in work, leisure, relationships, and generativity. This paper summarizes findings from this on-going study, including controlled analyses comparing MCMG with a current-events discussion group, and experiences disseminating MCMG to distant sites. Discussion will focus on helping men adjust meaningfully to retirement and preventing the onset or exacerbation of suicide ideation.

OLDER MALE VETERANS' RELATIONSHIPS, HELP-SEEKING ATTITUDES, AND SUICIDE RISK FACTORS

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Older men die by suicide at very high rates (CDC, 2016), and may be particularly at risk for suicide due to a lack of help-seeking (Berger et al., 2013; Crabb & Hunsley, 2006). This study's aim was to examine relations among older men's relationships, attitudes toward help-seeking, and thoughts of suicide. In 30 male Veterans (ages 65+) with mental health diagnoses, social stigma regarding professional help-seeking, as well as social stigma and internalized stigma regarding informal help-seeking, were correlated with suicide ideation. Analyses indicated that social and internalized stigma regarding informal help-seeking mediated the relation between perceived hostility in personal relationships and suicide ideation. Additionally, social stigma regarding professional help-seeking mediated the relation between perceived healthcare provider stereotypes regarding mental health consumers and suicide ideation, though internalized stigma did not. These results suggest that reducing stigma may be important for improving help-seeking among older men to reduce suicide risk.

FAMILY ACCEPTANCE, RESILIENCE AND PHYSICAL AND MENTAL HEALTH OF MIDLIFE AND OLDER GAY MEN

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An association between previous coming out experiences and current depression, suicide, and overall physical and mental health was observed in this national, cross-sectional study of 316 older gay men. The older men who retrospectively reported having experienced high levels of stress when coming out to parents and other family members evidenced worse physical health, higher internalized homophobia, lower resilience, weaker internal health locus of control, and more substance abuse compared to older gay men who reported experiencing minimal family stress when coming out. The findings underscore the importance of using a life course framework and Meyer's minority stress theory to understand older gay men's mental and physical well-being. These early experiences evidently affect older men's health throughout their lives although longitudinal studies are needed to confirm these findings. Mental health interventions that address these critical events are discussed.

PREDICTORS OF LIVING TO AGE 90 AMONG THE MEN OF MANITOBA FOLLOW-UP STUDY

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A cohort of 3,983 young male aircrew recruits from the Royal Canadian Air Force has been followed with medical examinations and regular contact since 1948. In this cohort 98% were born in 1925 or earlier, and hence had the opportunity to live to age 90; 745 (19%) did. A history of childhood illnesses was recorded at entry to the study, mean age 30 years. EKG abnormalities, anthropometric measurements, and disease diagnoses were recorded at routine physical examinations over 68 years of follow-up. Physical activity was surveyed at ~50 years of age, and physical and mental functioning were documented on annual surveys since 2000. Smoking history, blood pressure and body weight at entry; absence of smoking, major ekg abnormalities and excess weight at mid-life; and continuity in mental functioning in later life distinguish the men living to age 90. The life course perspective is invaluable for long-term research.

SESSION 3995 (PAPER)

MILITARY SERVICE AND THE LIFE COURSE

TRANSGENDER OLDER ADULTS—MILITARY SERVICE: IDENTITY STIGMA AND MENTAL HEALTH CHANGES OVER TIME

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Depression is a leading cause of disability globally. Transgender older adults experience depression and serve in the U.S. military at disproportionality high rates. Military service has been implicated in mental health outcomes, yet there is scant empirical evidence relating military service to transgender mental health, particularly in relation to identity stigma. Cross-sectional data has limited our understanding of the directional relationship between identity stigma and mental health. Using longitudinal data we examined temporal relationships between these factors among transgender older adults with and without prior military service. We used weighted multivariate linear models to evaluate the relationships between previous military service, identity stigma, depressive symptomology, and psychological health related quality of life (HRQOL) among a subsample of transgender older adults (n = 183) from Waves 1 and 2 of the Aging with Pride: National Health, Aging, Sexuality & Gender Study.Over time, Identity stigma was significantly associated with HRQOL only for those without prior military service. Regardless of military service history, changes in depressive symptomatology predicted changes in HRQOL.

The U.S. recently joined 18 other countries in allowing transgender individuals to serve openly in the military. This study provides new insights into the roles of military service and identity stigma in the long-term mental health of transgender older adults, and highlights within-group heterogeneity. As such, it contributes to promoting resilience and better mental health outcomes for both of transgender older adults and current and future transgender service members

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